## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notification CURRENT CORRESPONDEN  | Fe   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |  |   |                                     |   |  |  |
|--|--|---|--|---|-------------------------------------|---|--|--|
|  | pa<br>ha   |   |  |   |                                     |   |  |  |
|  | 590 10/30  | 2009  |  |   |                                     |   |  |  |
| A. Blair Hughes  McDonnell Bochn  32nd Floor   |  | CERTIFICATE OF ELECTRONIC TRANSMISSION  I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia via EFS-Web on the dale below:  |  |   |                                     |   |  |  |
| 300 S. Wacker Drive Swiss Tanner, P.C.   |  |   |  | Subject Coeffice (Parisistense)                                 |                                     |   |  |  |
| Chicago, IL 60606 P.O. Box 1749  |  |   | Sylvia L. Castillo   |   | · · · · ·                           | (Depositor's name)  |  |  |
|  | Lo   | 023   | JM. 27   | (Signature) (Date)  |                                     |   |  |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENTO  | R   | ATTORNEY DOCKET NO.                 |   | CONFIRMATION NO.   |  |
| 10/629,368   | 07/29/2003   |   | Luiz Belardinelli  | <del></del>   |                                     | 6263  |  |  |
| TITLE OF INVENTION: MYOCARDIAL PERFUSION IMAGING METHOD 045710-1951  |  |   |  |   |                                     |   |  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUI  | E PREV. PAID ISSU   | E FEE T                             | OTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | NO   | \$1510  | \$300  | \$0   | <u>.</u>                            | \$1810  | 02/01/2010   |  |
| EXAMIN   | VER .  | ART UNIT  | CLASS-SUBCLASS   |   |                                     |   |  |  |
| CRANE, LAW   | CRANE, LAWRENCE E  |   | 514-046000   |   |                                     |   |  |  |
| 1. Change of corresponden<br>CFR 1.363).  Change of correspon<br>Address form PTO/SB/  |  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the same of a single form (having as a promber s   |  |   |                                     |   |  |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |                                     |   |  |  |
| 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  |  |   | •  | • •   | nee is ident                        | ified below, the do   | ocument has been filed for   |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |  |   |                                     |   |  |  |
| Gilead Palo Alto, Inc. Foster City, California   |  |   |  |   |                                     |   |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):  |  |   |  |   |                                     |   |  |  |
| 4a. The following fce(s) are   | e submitted:   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  |  |   |                                     |   |  |  |
| Publication Fee (No  | small entity discount p  | permitted)  |  | Payment by credit card. Form PTO-2038 is attached.              |                                     |   |  |  |
| Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 50-4972 (enclose an extra copy of this for |  |   |  |   |                                     |   |  |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).          |  |   |  |   |                                     |   |  |  |
| NOTE: The Issue Fee and interest as shown by the re-   | Publication Fee (if req  | uired) will not be accepte  | d from anyone other than   |   |                                     |   |  |  |
| Authorized Signature   | Lorna  | Janu  |  | Date_d  | 201.6                               | 7,2010  |  |  |
| Typed or printed name Lorna L. Tanner  |  |   | Registration No50,782  |   |                                     |   |  |  |
| This collection of informat<br>an application. Confidentic<br>submitting the completed<br>this form and/or suggestion<br>Box 1450, Alexandria, Vir<br>Alexandria, Virginia 2231.<br>Under the Panerwork Red  | application form to the<br>ns for reducing this bu-<br>ginia 22313-1450. DC<br>3-1450. | USPTO. Time will vary<br>rden, should be sent to the<br>NOT SEND FEES OR  | y depending upon the inc<br>the Chief Information Off<br>COMPLETED FORMS   | lividual case. Any c<br>icer, U.S. Patent and<br>TO THIS ADDRES | omments o<br>Trademark<br>S. SEND T | n the amount of tirk<br>Office, U.S. Depa<br>O: Commissioner: | ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450, |  |